ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Jw · G		9/8/99
O.I.P.E. CLASSIFIER	M+V	59	9/9/99
FORMALITY REVIEW	RS	61730	9-14

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
− (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim Final	Original	Date 08-21-02	12-06-02	04-11-03	1-23-03	10-01-04					
①	1	✓	✓	✓	✓	✓					
	2	✓	✓	✓	✓	✓					
	3	✓	✓	✓	✓	✓					
	4	✓	✓	✓	✓	✓					
	5	✓	✓	✓	✓	✓					
	6	✓	✓	✓	✓	✓					
	7	✓	✓	✓	✓	✓					
⑧	8		✓	✓	✓	✓					
	9		✓	✓	✓	✓					
	10	✓	✓	✓	✓	✓					
	11	✓	✓	✓	✓	✓					
	12	✓	✓	✓	✓	✓					
	13	✓	✓	✓	✓	✓					
	14	✓	✓	✓	✓	✓					
⑮	15	✓	✓	✓	✓	✓					
	16	✓	✓	✓	✓	✓					
	17	✓	✓	✓	✓	✓					
	18	✓	✓	✓	✓	✓					
	19	✓	✓	✓	✓	✓					
⑳	20	✓	✓	✓	✓	✓					
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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